

## Fill in this information to identify your case:

Debtor 1	<b>Dorian Ishaе Hatchett</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Shalaunda Marie Hatchett</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u>			
Case number (if known)	<u>19-32867</u>		

Check if this is an amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

## Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <u>0.00</u>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>0.00</u>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>51,040.71</u>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <u>51,040.71</u>

## Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <u>68,275.00</u>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>68,275.00</u>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <u>4,911.00</u>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <u>4,911.00</u>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <u>139,244.40</u>
		<b>Your total liabilities</b> \$ <u>212,430.40</u>

## Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <u>3,132.48</u>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <u>3,132.48</u>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <u>5,175.00</u>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <u>5,175.00</u>

## Part 4: Answer These Questions for Administrative and Statistical Records

## 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

## 7. What kind of debt do you have?

**Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known) **19-32867**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<b>4,825.60</b>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <b>4,911.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>0.00</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>102,523.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <b>107,434.00</b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Dorian Ishaе Hatchett</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Shalaunda Marie Hatchett</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF TEXAS</b>			
Case number	<b>19-32867</b>		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.  
 Yes. Where is the property?

#### Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

##### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No  
 Yes

3.1 Make: **Kia**  
 Model: **Optima**  
 Year: **2016**  
 Approximate mileage: **63403**  
 Other information:  


**Who has an interest in the property? Check one**  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?      Current value of the portion you own?**

**\$12,500.00      \$12,500.00**

3.2 Make: **Harley Davidson**  
 Model: **Road Glide**  
 Year: **2017**  
 Approximate mileage: **2978**  
 Other information:  


**Who has an interest in the property? Check one**  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?      Current value of the portion you own?**

**\$17,770.00      \$17,770.00**

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known) **19-32867**

3.3 Make: **Chevy**  
 Model: **Malibu**  
 Year: **2017**  
 Approximate mileage: **34046**  
 Other information:

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

**Check if this is community property**  
 (see instructions)

**\$14,550.00****\$14,550.00****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$44,820.00****Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

- No  
 Yes. Describe.....

**Household: Furniture and kitchenware****\$2,000.00****7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No  
 Yes. Describe.....

**Electronics: 2 TV, 1 notebook/tablet****\$800.00****8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No  
 Yes. Describe.....

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No  
 Yes. Describe.....

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- No  
 Yes. Describe.....

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- No

Official Form 106A/B

Schedule A/B: Property

page 2

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known) **19-32867**

Yes. Describe.....

<b>Clothes: Clothes</b>	<b>\$1,000.00</b>
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**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

<b>Jewelry: Wedding rings</b>	<b>\$1,500.00</b>
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**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$5,300.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?  
Do not deduct secured claims or exemptions.**

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1.	<b>Checking Account: Capital One</b>	<b>\$0.72</b>
17.2.	<b>Checking Account: Capital One</b>	<b>\$24.20</b>
17.3.	<b>Checking Account: Public Service Credit Union</b>	<b>\$50.00</b>
17.4.	<b>Savings Account: Capital One</b>	<b>\$0.00</b>
17.5.	<b>Savings Account: Capital One</b>	<b>\$0.00</b>

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 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known) **19-32867**

17.6.	<b>Savings Account: Public Service Credit Union</b>	<b>\$0.00</b>
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**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- No  
 Yes..... Institution or issuer name:

<b>Stock: Walmart &amp; Microsoft</b>	<b>\$30.00</b>
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**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- No  
 Yes. Give specific information about them..... Name of entity: % of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- No  
 Yes. Give specific information about them  
 Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No  
 Yes. List each account separately.  
 Type of account: Institution name:

<b>Retirement: Traditional IRA</b>	<b>\$25.00</b>
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<b>Retirement: Fidelity</b>	<b>\$790.79</b>
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**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- No  
 Yes. .... Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- No  
 Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- No  
 Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- No  
 Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- No  
 Yes. Give specific information about them...

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known) **19-32867****27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- No  
 Yes. Give specific information about them....

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

- No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- No  
 Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No  
 Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- No  
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- No  
 Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- No  
 Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- No  
 Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$920.71****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

- No. Go to Part 6.  
 Yes. Go to line 38.

Debtor 1 Dorian Ishae Hatchett  
 Debtor 2 Shalaunda Marie Hatchett

Case number (if known) 19-32867

**Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No  
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	.....	\$0.00
56. Part 2: Total vehicles, line 5	\$44,820.00	
57. Part 3: Total personal and household items, line 15	\$5,300.00	
58. Part 4: Total financial assets, line 36	\$920.71	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61...	<b>\$51,040.71</b>	Copy personal property total <b>\$51,040.71</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$51,040.71</b>

Fill in this information to identify your case:

Debtor 1	<b>Dorian Isha Hatchett</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Shalaunda Marie Hatchett</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		SOUTHERN DISTRICT OF TEXAS	
Case number (if known)	19-32867		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
2016 Kia Optima 63403 miles Line from <i>Schedule A/B</i> : 3.1	\$12,500.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(9)
2017 Harley Davidson Road Glide 2978 miles Line from <i>Schedule A/B</i> : 3.2	\$17,770.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(9)
2017 Chevy Malibu 34046 miles Line from <i>Schedule A/B</i> : 3.3	\$14,550.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(9)
Household: Furniture and kitchenware Line from <i>Schedule A/B</i> : 6.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(1)
Electronics: 2 TV, 1 notebook/tablet Line from <i>Schedule A/B</i> : 7.1	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a)(1), (2), 42.002(a)(1)

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
<b>Clothes: Clothes</b> Line from <i>Schedule A/B:</i> 11.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tex. Prop. Code §§</b> <b>42.001(a)(1), (2), 42.002(a)(5)</b>
<b>Jewelry: Wedding rings</b> Line from <i>Schedule A/B:</i> 12.1	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tex. Prop. Code §§</b> <b>42.001(a)(1), (2), 42.002(a)(6)</b>
<b>Retirement: Traditional IRA</b> Line from <i>Schedule A/B:</i> 21.1	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tex. Prop. Code § 42.0021</b>
<b>Retirement: Fidelity</b> Line from <i>Schedule A/B:</i> 21.2	<u>\$790.79</u>	<input checked="" type="checkbox"/> <u>\$790.79</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tex. Prop. Code § 42.0021</b>

## 3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- No
- Yes

## Fill in this information to identify your case:

Debtor 1	<b>Dorian Ishae Hatchett</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Shalaunda Marie Hatchett</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u>			
Case number (if known)	<u>19-32867</u>		

Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

## 2.1 Esb/harley Davidson Cr

Creditor's Name

## Describe the property that secures the claim:

**2017 Harley Davidson Road Glide  
2978 miles**

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
<b>\$28,522.00</b>	<b>\$17,770.00</b>	<b>\$10,752.00</b>

**Po Box 21829  
Carson City, NV 89721**

Number, Street, City, State &amp; Zip Code

## Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

## Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) **Car loan**

Date debt was incurred

**Opened  
03/17 Last  
Active**

Last 4 digits of account number

**8153**

Debtor 1	<b>Dorian Ishae Hatchett</b>	First Name _____	Middle Name _____	Last Name _____	Case number (if known)	<b>19-32867</b>	
Debtor 2	<b>Shalaunda Marie Hatchett</b>	First Name _____	Middle Name _____	Last Name _____			
<b>2.2 GM Financial</b>		Describe the property that secures the claim: <b>2017 Chevy Malibu 34046 miles</b>			\$18,699.00	\$14,550.00	\$4,149.00
Creditor's Name							
<b>Po Box 181145 Arlington, TX 76096</b>		As of the date you file, the claim is: Check all that apply.					
Number, Street, City, State & Zip Code		<input type="checkbox"/> Contingent					
		<input type="checkbox"/> Unliquidated					
		<input type="checkbox"/> Disputed					
<b>Who owes the debt?</b> Check one.		<b>Nature of lien.</b> Check all that apply.					
<input type="checkbox"/> Debtor 1 only		<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)					
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)					
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Judgment lien from a lawsuit					
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other (including a right to offset) <b>Car loan</b>					
<input checked="" type="checkbox"/> Check if this claim relates to a community debt							
<b>Opened 10/09/17 Last Active 5/10/19</b>		Last 4 digits of account number <b>9236</b>					
<b>2.3 Kia Motors Finance</b>		Describe the property that secures the claim: <b>2016 Kia Optima 63403 miles</b>			\$21,054.00	\$12,500.00	\$8,554.00
Creditor's Name							
<b>10550 Talbert Ave Fountain Valley, CA 92708</b>		As of the date you file, the claim is: Check all that apply.					
Number, Street, City, State & Zip Code		<input type="checkbox"/> Contingent					
		<input type="checkbox"/> Unliquidated					
		<input type="checkbox"/> Disputed					
<b>Who owes the debt?</b> Check one.		<b>Nature of lien.</b> Check all that apply.					
<input type="checkbox"/> Debtor 1 only		<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)					
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)					
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Judgment lien from a lawsuit					
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other (including a right to offset) <b>Car loan</b>					
<input checked="" type="checkbox"/> Check if this claim relates to a community debt							
<b>Opened 11/16 Last Active 4/15/19</b>		Last 4 digits of account number <b>6991</b>					

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$68,275.00**

If this is the last page of your form, add the dollar value totals from all pages.

**\$68,275.00**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

## Fill in this information to identify your case:

Debtor 1	<b>Dorian Ishae Hatchett</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Shalaunda Marie Hatchett</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF TEXAS		
Case number (if known)	19-32867		

Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>State Of Mi Office Chi</b> Priority Creditor's Name	Last 4 digits of account number <b>6428</b>	<b>\$4,911.00</b>	<b>\$4,911.00</b>
	<b>Po Box 30478</b> <b>Lansing, MI 48909</b>	When was the debt incurred? <b>Opened 09/11 Last Active 5/15/19</b>		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	<b>Who incurred the debt? Check one.</b>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <b>Family Support</b>		
	<input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b>			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

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4.1	<b>Afni, Inc.</b> Nonpriority Creditor's Name <b>Po Box 3097</b> <b>Bloomington, IL 61702</b> Number Street City State Zip Code	Last 4 digits of account number <b>6141</b>	\$1,085.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? <b>Opened 11/16</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection account - AT&amp;T Mobility</b>		
4.2	<b>Amex</b> Nonpriority Creditor's Name <b>P.O. Box 981537</b> <b>El Paso, TX 79998</b> Number Street City State Zip Code	Last 4 digits of account number <b>1993</b>	\$2,407.00
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? <b>Opened 04/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
4.3	<b>Amex</b> Nonpriority Creditor's Name <b>P.O. Box 981537</b> <b>El Paso, TX 79998</b> Number Street City State Zip Code	Last 4 digits of account number <b>9313</b>	\$1,459.00
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? <b>Opened 04/17</b>	
	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

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4.4	<b>Amir Damadi, MD</b> Nonpriority Creditor's Name <b>22250 Providence Drive, Ste. 702</b> <b>Southfield, MI 48075</b> Number Street City State Zip Code	Last 4 digits of account number <b>4548</b>	\$348.88
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <b>Check if this claim is for a community debt</b> <input type="checkbox"/> Student loans <b>Is the claim subject to offset?</b> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <b>Medical bill</b>			
<hr/>			
4.5	<b>Banner Health</b> Nonpriority Creditor's Name <b>P.O. Box 52616</b> <b>Phoenix, AZ 85072</b> Number Street City State Zip Code	Last 4 digits of account number <b>0620</b>	\$35.91
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <b>Check if this claim is for a community debt</b> <input type="checkbox"/> Student loans <b>Is the claim subject to offset?</b> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <b>Medical bill</b>			
<hr/>			
4.6	<b>Capital One Bank Usa N</b> Nonpriority Creditor's Name <b>Po Box 30281</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>3530</b>	\$2,244.00
When was the debt incurred? <b>Opened 04/17</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <b>Check if this claim is for a community debt</b> <input type="checkbox"/> Student loans <b>Is the claim subject to offset?</b> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>			

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

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4.7	<b>Capital One Bank Usa N</b> Nonpriority Creditor's Name <b>Po Box 30281</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>3513</b>	\$533.00
		When was the debt incurred? <b>Opened 02/17</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
4.8	<b>Check N Go</b> Nonpriority Creditor's Name <b>7755 Montgomery Road, Suite 400</b> <b>Cincinnati, OH 45236</b> Number Street City State Zip Code	Last 4 digits of account number	\$2,000.00
		When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Payday loan</b>		
4.9	<b>Comenitybank/victoria</b> Nonpriority Creditor's Name <b>Po Box 182789</b> <b>Columbus, OH 43218</b> Number Street City State Zip Code	Last 4 digits of account number <b>0537</b>	\$931.00
		When was the debt incurred? <b>Opened 12/16</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>		

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

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**19-32867**

<div style="border: 1px solid black; padding: 2px;">4.1 0</div> <b>Commonwealth Financial</b> Nonpriority Creditor's Name <b>245 Main St Dickson City, PA 18519</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____  <input type="checkbox"/> Yes <b>Collection Attorney Professional Emergency Care</b>	<b>Last 4 digits of account number</b> <b>62N1</b> <b>When was the debt incurred?</b> <b>Opened 11/18</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<b>\$647.00</b>	
<hr/> <b>Credit Collection Serv</b> Nonpriority Creditor's Name <b>Po Box 607 Norwood, MA 02062</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____  <input type="checkbox"/> Yes <b>Collection Attorney Infinity County Mutual Insuran</b>		<b>Last 4 digits of account number</b> <b>7997</b> <b>When was the debt incurred?</b> <b>Opened 02/19</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<b>\$92.00</b>
<hr/> <b>Credit Systems Intl In</b> Nonpriority Creditor's Name <b>1277 Country Club Ln Fort Worth, TX 76112</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____  <input type="checkbox"/> Yes <b>Collection Attorney Fannin Surgicare</b>		<b>Last 4 digits of account number</b> <b>9812</b> <b>When was the debt incurred?</b> <b>Opened 05/16</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	<b>\$1,355.00</b>

Debtor 1 Dorian Ishae Hatchett  
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<b>4.1</b> <b>3</b>  <b>Dental Works - Network Provider Assoc.</b> Nonpriority Creditor's Name <b>Gulf Breeze Dental Care</b> <b>7160 Dallas Parkway, Ste. 400</b> <b>Plano, TX 75024</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>8044</b> <b>When was the debt incurred?</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical bill</b>	<b>\$79.35</b>
<b>4.1</b> <b>4</b>  <b>Dept Of Education/neln</b> Nonpriority Creditor's Name <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>4611</b> <b>When was the debt incurred?</b> <b>Opened 03/10 Last Active 4/30/19</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <b>Educational</b>	<b>\$10,171.00</b>
<b>4.1</b> <b>5</b>  <b>Dept Of Education/neln</b> Nonpriority Creditor's Name <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0812</b> <b>When was the debt incurred?</b> <b>Opened 03/14 Last Active 4/30/19</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <b>Educational</b>	<b>\$9,333.00</b>

Debtor 1 **Dorian Ishae Hatchett**  
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4.1 6	<b>Dept Of Education/neln</b> Nonpriority Creditor's Name  <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number <b>8611</b>  <b>Opened 09/12 Last Active</b> <b>4/30/19</b>	<b>\$8,763.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
<b>Educational</b>			
4.1 7	<b>Dept Of Education/neln</b> Nonpriority Creditor's Name  <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number <b>6212</b>  <b>Opened 06/13 Last Active</b> <b>4/30/19</b>	<b>\$8,418.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
<b>Educational</b>			
4.1 8	<b>Dept Of Education/neln</b> Nonpriority Creditor's Name  <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number <b>8724</b>  <b>Opened 06/09 Last Active</b> <b>4/30/19</b>	<b>\$5,063.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
<b>Educational</b>			

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

<b>4.1 9</b>	<p><b>Dept Of Education/neln</b> Nonpriority Creditor's Name</p> <p><b>Po Box 82561</b> <b>Lincoln, NE 68501</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>6112</b></p> <p>When was the debt incurred? <b>Opened 06/13 Last Active 4/30/19</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	<b>\$4,789.00</b>
<b>Educational</b>			
<b>4.2 0</b>	<p><b>Dept Of Education/neln</b> Nonpriority Creditor's Name</p> <p><b>Po Box 82561</b> <b>Lincoln, NE 68501</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0111</b></p> <p>When was the debt incurred? <b>Opened 07/11 Last Active 4/30/19</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	<b>\$4,645.00</b>
<b>Educational</b>			
<b>4.2 1</b>	<p><b>Dept Of Education/neln</b> Nonpriority Creditor's Name</p> <p><b>Po Box 82561</b> <b>Lincoln, NE 68501</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>7224</b></p> <p>When was the debt incurred? <b>Opened 09/08 Last Active 4/30/19</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	<b>\$3,947.00</b>
<b>Educational</b>			

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

4.2 2	<b>Dept Of Education/neln</b> Nonpriority Creditor's Name  <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number <b>4711</b>  <b>Opened 03/10 Last Active</b> <b>4/30/19</b>	<b>\$3,917.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
<b>Educational</b>			
4.2 3	<b>Dept Of Education/neln</b> Nonpriority Creditor's Name  <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number <b>8511</b>  <b>Opened 09/12 Last Active</b> <b>4/30/19</b>	<b>\$3,724.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
<b>Educational</b>			
4.2 4	<b>Dept Of Education/neln</b> Nonpriority Creditor's Name  <b>Po Box 82561</b> <b>Lincoln, NE 68501</b> Number Street City State Zip Code	Last 4 digits of account number <b>7324</b>  <b>Opened 12/08 Last Active</b> <b>4/30/19</b>	<b>\$3,652.00</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
<b>Educational</b>			

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

4.2 5	<b>Dept Of Education/neln</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>0712</b>	\$2,825.00
	<b>Po Box 82561</b> <b>Lincoln, NE 68501</b>	When was the debt incurred?	<b>Opened 03/14 Last Active</b> <b>4/30/19</b>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input type="checkbox"/> Debtor 1 only			
	<input checked="" type="checkbox"/> Debtor 2 only			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		<b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
		<b>Educational</b>		
4.2 6	<b>Dept Of Education/neln</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>8624</b>	\$2,805.00
	<b>Po Box 82561</b> <b>Lincoln, NE 68501</b>	When was the debt incurred?	<b>Opened 06/08 Last Active</b> <b>4/30/19</b>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input type="checkbox"/> Debtor 1 only			
	<input checked="" type="checkbox"/> Debtor 2 only			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		<b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
		<b>Educational</b>		
4.2 7	<b>Dept Of Education/neln</b> Nonpriority Creditor's Name	Last 4 digits of account number	<b>0011</b>	\$1,876.00
	<b>Po Box 82561</b> <b>Lincoln, NE 68501</b>	When was the debt incurred?	<b>Opened 07/11 Last Active</b> <b>4/30/19</b>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
	<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input type="checkbox"/> Debtor 1 only			
	<input checked="" type="checkbox"/> Debtor 2 only			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>			
	<b>Is the claim subject to offset?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
		<b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
		<b>Educational</b>		

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

<b>4.2 8</b> <p><b>Dept Of Education/neln</b> Nonpriority Creditor's Name</p> <p><b>Po Box 82561</b> <b>Lincoln, NE 68501</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>1311</b></p> <p>When was the debt incurred? <b>Opened 09/11 Last Active 4/30/19</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	<b>\$1,251.00</b>
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**Educational**

<b>4.2 9</b> <p><b>Dept Of Education/neln</b> Nonpriority Creditor's Name</p> <p><b>Po Box 82561</b> <b>Lincoln, NE 68501</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>9209</b></p> <p>When was the debt incurred? <b>Opened 05/15 Last Active 4/30/19</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	<b>\$579.00</b>
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**Educational**

<b>4.3 0</b> <p><b>Dept Of Education/neln</b> Nonpriority Creditor's Name</p> <p><b>Po Box 82561</b> <b>Lincoln, NE 68501</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>1411</b></p> <p>When was the debt incurred? <b>Opened 09/11 Last Active 4/30/19</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	<b>\$443.00</b>
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**Educational**

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

<b>4.3 1</b>	<p><b>Dignity Health</b>            Nonpriority Creditor's Name  <b>Chandler Regional Medical Center</b>  <b>Los Angeles, CA 90074</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Medical bill</b></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>7920</b></p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical bill</b></p>	<b>\$241.50</b>
<b>4.3 2</b>	<p><b>Discover Fin Svcs Llc</b>            Nonpriority Creditor's Name  <b>Pob 15316</b>  <b>Wilmington, DE 19850</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Credit Card</b></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>8947</b></p> <p>When was the debt incurred? <b>Opened 03/16</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<b>\$3,042.00</b>
<b>4.3 3</b>	<p><b>Diversified Consultant</b>            Nonpriority Creditor's Name  <b>P O Box 551268</b>  <b>Jacksonville, FL 32255</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Collection Attorney Comcast</b></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0786</b></p> <p>When was the debt incurred? <b>Opened 03/19</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<b>\$246.00</b>

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

4.3 4	<b>Fed Loan Serv</b> Nonpriority Creditor's Name  <b>Pob 60610</b> <b>Harrisburg, PA 17106</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0004</b> <b>When was the debt incurred?</b> <b>Opened 09/14 Last Active 4/30/19</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$7,308.00</b>
<b>Educational</b>			
4.3 5	<b>Fed Loan Serv</b> Nonpriority Creditor's Name  <b>Pob 60610</b> <b>Harrisburg, PA 17106</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0006</b> <b>When was the debt incurred?</b> <b>Opened 09/15 Last Active 4/30/19</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$4,179.00</b>
<b>Educational</b>			
4.3 6	<b>Fed Loan Serv</b> Nonpriority Creditor's Name  <b>Pob 60610</b> <b>Harrisburg, PA 17106</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0001</b> <b>When was the debt incurred?</b> <b>Opened 02/14 Last Active 4/30/19</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$3,827.00</b>
<b>Educational</b>			

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

4.3 7	<b>Fed Loan Serv</b> Nonpriority Creditor's Name  <b>Pob 60610</b> <b>Harrisburg, PA 17106</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0003</b> <b>When was the debt incurred?</b> <b>Opened 09/14 Last Active 4/30/19</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$3,808.00</b>
<b>Educational</b>			
4.3 8	<b>Fed Loan Serv</b> Nonpriority Creditor's Name  <b>Pob 60610</b> <b>Harrisburg, PA 17106</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0005</b> <b>When was the debt incurred?</b> <b>Opened 09/15 Last Active 4/30/19</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$3,783.00</b>
<b>Educational</b>			
4.3 9	<b>Fed Loan Serv</b> Nonpriority Creditor's Name  <b>Pob 60610</b> <b>Harrisburg, PA 17106</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0007</b> <b>When was the debt incurred?</b> <b>Opened 09/16 Last Active 4/30/19</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$2,469.00</b>
<b>Educational</b>			

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

4.4 0	<b>Fed Loan Serv</b> <small>Nonpriority Creditor's Name</small>  <b>Pob 60610</b> <b>Harrisburg, PA 17106</b> <small>Number Street City State Zip Code</small> <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<small>Last 4 digits of account number</small> <b>0002</b> <small>When was the debt incurred?</small> <b>Opened 02/14 Last Active 4/30/19</b> <small>As of the date you file, the claim is:</small> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	<b>\$948.00</b>
<b>Educational</b>			
4.4 1	<b>Financial Business and Consumer Solution</b> <small>Nonpriority Creditor's Name</small> <b>330 S. Warminster Rd., Ste. 353</b> <b>Hatboro, PA 19040</b> <small>Number Street City State Zip Code</small> <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<small>Last 4 digits of account number</small> <b>\$2,160.00</b> <small>When was the debt incurred?</small> <small>As of the date you file, the claim is:</small> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection account - Oakwood Hospital Dearborn</b>	
4.4 2	<b>Harris County Toll Road Authority</b> <small>Nonpriority Creditor's Name</small> <b>7701 Wilshire Place Drive</b> <b>Houston, TX 77047</b> <small>Number Street City State Zip Code</small> <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<small>Last 4 digits of account number</small> <b>8411</b> <small>When was the debt incurred?</small> <small>As of the date you file, the claim is:</small> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Toll road fees</b>	<b>\$603.73</b>

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

<b>4.4 3</b>	<p><b>I C System Inc</b>            Nonpriority Creditor's Name  <b>Po Box 64378</b>  <b>Saint Paul, MN 55164</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Att U-Verse</b></p>	<p>Last 4 digits of account number <b>4956</b></p> <p>When was the debt incurred? <b>Opened 12/17</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<b>\$258.00</b>
<b>4.4 4</b>	<p><b>I C System Inc</b>            Nonpriority Creditor's Name  <b>Po Box 64378</b>  <b>Saint Paul, MN 55164</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Austin Anesthesiology Group P</b></p>	<p>Last 4 digits of account number <b>8468</b></p> <p>When was the debt incurred? <b>Opened 08/18</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<b>\$166.00</b>
<b>4.4 5</b>	<p><b>Jefferson Capital Syst</b>            Nonpriority Creditor's Name  <b>16 Mcleland Rd</b>  <b>Saint Cloud, MN 56303</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Factoring Company Account Dte Energy</b></p>	<p>Last 4 digits of account number <b>1003</b></p> <p>When was the debt incurred? <b>Opened 10/17</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p>	<b>\$832.00</b>

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

<div style="border: 1px solid black; padding: 2px;">4.4 6</div> <p><b>Lvnv Funding Llc</b> Nonpriority Creditor's Name <b>Po Box 1269 Greenville, SC 29602</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Factoring Company Account Dte Energy Company</b></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0052</b></p> <p>When was the debt incurred? <b>Opened 12/17</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	<p><b>\$734.00</b></p>
<hr/> <div style="border: 1px solid black; padding: 2px;">4.4 7</div> <p><b>Mendelson Orthopedics PC</b> Nonpriority Creditor's Name <b>7700 Solutions Center Lockbox 777700 Chicago, IL 60677</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent  <input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Medical bills</b></p> <p><input type="checkbox"/> Yes</p>		
<p>Last 4 digits of account number <b>0102</b></p> <p>When was the debt incurred?</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>		
<p><b>\$143.19</b></p> <hr/> <div style="border: 1px solid black; padding: 2px;">4.4 8</div> <p><b>National Credit System</b> Nonpriority Creditor's Name <b>P.O. Box 312125 Atlanta, GA 31131</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Other. Specify <b>Collection Attorney The Veranda Apts</b></p> <p><input type="checkbox"/> Yes</p>		
<p>Last 4 digits of account number <b>1322</b></p> <p>When was the debt incurred? <b>Opened 08/18</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>		
<p><b>\$400.00</b></p>		

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

<b>4.4 9</b> <p><b>Navient Solutions Inc</b> Nonpriority Creditor's Name</p> <p><b>11100 Usa Pkwy Fishers, IN 46037</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0318</b></p> <p><b>When was the debt incurred?</b> <b>Opened 03/10 Last Active 09/10</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	<b>Unknown</b>
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**Educational**

<b>4.5 0</b> <p><b>Navient Solutions Inc</b> Nonpriority Creditor's Name</p> <p><b>11100 Usa Pkwy Fishers, IN 46037</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0318</b></p> <p><b>When was the debt incurred?</b> <b>Opened 03/10 Last Active 09/10</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	<b>Unknown</b>
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**Educational**

<b>4.5 1</b> <p><b>OrthoArizona</b> Nonpriority Creditor's Name</p> <p><b>4222 E. Thomas Rd., Ste. 250 Phoenix, AZ 85018</b> Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ <b>\$135.23</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical bill</b> _____</p>
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Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

<b>4.5 2</b> <b>P.B. Bell</b> Nonpriority Creditor's Name <b>Montage at Pecos Ranch</b> <b>8434 N. 90th Street, Suite 100</b> <b>Scottsdale, AZ 85258</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>\$3,728.56</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Past due rent</b>
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<b>4.5 3</b> <b>Portfolio Recov Assoc</b> Nonpriority Creditor's Name <b>120 Corporate Blvd Ste 1</b> <b>Norfolk, VA 23502</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0581</b> <b>\$1,170.00</b> <b>When was the debt incurred?</b> <b>Opened 12/18</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Factoring Company Account Comenity Capital Bank</b>
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<b>4.5 4</b> <b>Portfolio Recov Assoc</b> Nonpriority Creditor's Name <b>120 Corporate Blvd Ste 1</b> <b>Norfolk, VA 23502</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>3389</b> <b>\$593.00</b> <b>When was the debt incurred?</b> <b>Opened 12/18</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Factoring Company Account Comenity Bank</b>
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Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

<div style="border: 1px solid black; padding: 2px;">4.5 5</div> <p><b>Professional Account Management, LLC</b>    Nonpriority Creditor's Name  <b>P.O. Box 866608 Plano, TX 75086</b>    Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent  <input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed  <input type="checkbox"/> At least one of the debtors and another</p> <p><b>Check if this claim is for a community debt</b>      <input type="checkbox"/> Student loans  <b>Is the claim subject to offset?</b>      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3030</b></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Collection Account - North Texas Tollway Authority (NTTA)</b></p>	<p><b>\$36.46</b></p>
<div style="border: 1px solid black; padding: 2px; float: left;">4.5 6</div> <p><b>Professional Account Management, LLC</b>    Nonpriority Creditor's Name  <b>P.O. Box 866608 Plano, TX 75086</b>    Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent  <input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed  <input type="checkbox"/> At least one of the debtors and another</p> <p><b>Check if this claim is for a community debt</b>      <input type="checkbox"/> Student loans  <b>Is the claim subject to offset?</b>      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Yes</p>		
<p>Last 4 digits of account number <b>3030</b></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Collection Account - North Texas Tollway Authority (NTTA)</b></p> <p><b>\$39.06</b></p>		
<div style="border: 1px solid black; padding: 2px; float: left;">4.5 7</div> <p><b>Rec Mgm Sys</b>    Nonpriority Creditor's Name  <b>Pob 17305 Richmond, VA 23226</b>    Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent  <input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed  <input type="checkbox"/> At least one of the debtors and another</p> <p><b>Check if this claim is for a community debt</b>      <input type="checkbox"/> Student loans  <b>Is the claim subject to offset?</b>      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input checked="" type="checkbox"/> No      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Yes</p>		
<p>Last 4 digits of account number <b>5340</b></p> <p>When was the debt incurred? <b>Opened 1/10/19</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><b>Collection account - Elephant Auto Insurance</b></p> <p><b>\$197.00</b></p>		

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.5 8</div> <b>Receivables Performanc</b> Nonpriority Creditor's Name <b>20816 44th Ave W Lynnwood, WA 98036</b> Number Street City State Zip Code	Last 4 digits of account number <b>0233</b> <span style="float: right;"><b>\$1,105.00</b></span> When was the debt incurred? <b>Opened 09/18</b> <b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Sprint</b>
<hr/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.5 9</div> <b>Resolve, Inc.</b> Nonpriority Creditor's Name <b>MSC #600 P.O. Box 52163 Phoenix, AZ 85072</b> Number Street City State Zip Code	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection account - BMG Arizona East</b>	
<hr/> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.6 0</div> <b>Salim F. Dabaghi, MD PA</b> Nonpriority Creditor's Name <b>146 E. Hospital Drive, Ste. 201 Angleton, TX 77515</b> Number Street City State Zip Code	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical bill</b>	

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

4.6 1	<b>Second Round Lp</b> Nonpriority Creditor's Name <b>4150 Friedrich Lane Suit</b> <b>Austin, TX 78744</b> Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <b>6381</b> When was the debt incurred? <b>Opened 01/19</b>  As of the date you file, the claim is: Check all that apply	\$3,995.00
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Comenity Bank</b>	
4.6 2	<b>Sonora Quest Laboratories</b> Nonpriority Creditor's Name <b>P.O. Box 52880</b> <b>Phoenix, AZ 85072</b> Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <b>3548</b> When was the debt incurred?  As of the date you file, the claim is: Check all that apply	\$49.88
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical bills</b>	
4.6 3	<b>Sonora Quest Laboratories</b> Nonpriority Creditor's Name <b>P.O. Box 52880</b> <b>Phoenix, AZ 85072</b> Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply	\$70.17
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical bill</b>	

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

<b>4.6 4</b> <b>Sunrise Credit Service</b> Nonpriority Creditor's Name <b>260 Airport Plaza Blvd</b> <b>Farmingdale, NY 11735</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0163</b> When was the debt incurred? <b>Opened 03/19</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection account - AT&amp;T Mobility</b>	<b>\$638.00</b>
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<b>4.6 5</b> <b>Syncb/amazon</b> Nonpriority Creditor's Name <b>Po Box 965015</b> <b>Orlando, FL 32896</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>6124</b> When was the debt incurred? <b>Opened 04/17</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Charge Account</b>	<b>\$1,789.00</b>
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<b>4.6 6</b> <b>Torres Credit Services, Inc.</b> Nonpriority Creditor's Name <b>27 Fairview Street</b> <b>P.O. Box 189</b> <b>Carlisle, PA 17015</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5611</b> When was the debt incurred? <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection account - Bounce Energy</b>	<b>\$529.46</b>
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Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

4.6 7	<b>Transworld Systems, Inc.</b> Nonpriority Creditor's Name <b>500 Virginia Drive, Suite 514</b> <b>Fort Washington, PA 19034</b>	Last 4 digits of account number <b>8400</b>	\$ <b>96.11</b>
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes		<b>Collection account - Desert Family Physicians, PC</b> <input checked="" type="checkbox"/> Other. Specify <u>Collection account - Desert Family Physicians, PC</u>	

4.6 8	<b>Universal Credit Servi</b> Nonpriority Creditor's Name <b>3582 Avon St</b> <b>Hartland, MI 48353</b>	Last 4 digits of account number <b>6498</b>	\$ <b>70.00</b>
When was the debt incurred? <b>Opened 12/15</b>			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b>		<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes		<b>Collection Attorney Infinity Primary Care</b> <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Infinity Primary Care</u>	

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
<b>Total claims from Part 1</b>	<b>6a. Domestic support obligations</b>	<b>6a.</b> \$ <b>4,911.00</b>
	<b>6b. Taxes and certain other debts you owe the government</b>	<b>6b.</b> \$ <b>0.00</b>
	<b>6c. Claims for death or personal injury while you were intoxicated</b>	<b>6c.</b> \$ <b>0.00</b>
	<b>6d. Other.</b> Add all other priority unsecured claims. Write that amount here.	<b>6d.</b> \$ <b>0.00</b>
	<b>6e. Total Priority.</b> Add lines 6a through 6d.	<b>6e.</b> \$ <b>4,911.00</b>
<b>Total claims from Part 2</b>	<b>6f. Student loans</b>	<b>6f.</b> \$ <b>102,523.00</b>
	<b>6g. Obligations arising out of a separation agreement or divorce that</b>	<b>6g.</b> \$ <b>0.00</b>

Debtor 1 **Dorian Ishae Hatchett**Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

- you did not report as priority claims
- 6h. **Debts to pension or profit-sharing plans, and other similar debts**
- 6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.
- 6j. **Total Nonpriority.** Add lines 6f through 6i.

6h.	\$	<b>0.00</b>
6i.	\$	<b>36,721.40</b>
6j.	\$	<b>139,244.40</b>

## Fill in this information to identify your case:

Debtor 1	<b>Dorian Ishae Hatchett</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Shalaunda Marie Hatchett</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF TEXAS		
Case number (if known)	19-32867		

Check if this is an amended filing

## Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Jun Lin 1027 Andover Glen Drive Fresno, TX 77545	12 month residential lease

Fill in this information to identify your case:

Debtor 1	<b>Dorian Ishae Hatchett</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Shalaunda Marie Hatchett</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u>			
Case number (if known)	<u>19-32867</u>		

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
- Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
- Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
  - No
  - Yes.

In which community state or territory did you live? -NONE- Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent  
Number, Street, City, State & Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**  
Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.1

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.2

Name \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Dorian Ishae Hatchett</b>
Debtor 2 (Spouse, if filing)	<b>Shalaunda Marie Hatchett</b>
United States Bankruptcy Court for the:	<b>SOUTHERN DISTRICT OF TEXAS</b>
Case number (If known)	<b>19-32867</b>

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	<b>Process Operator</b>	
Employer's name	<b>The Dow Chemical Company</b>	
Employer's address	<b>2030 Dow Center Midland, MI 48674</b>	

How long employed there? **0 Years, 5 Months**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <b>4,825.60</b>	\$ <b>0.00</b>
3. Estimate and list monthly overtime pay.	3. +\$ <b>0.00</b>	+\$ <b>0.00</b>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <b>4,825.60</b>	\$ <b>0.00</b>

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known)

**19-32867**

Copy line 4 here .....	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>	
4.	<b>\$ 4,825.60</b>	<b>\$ 0.00</b>	
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>487.98</b>	\$ <b>0.00</b>	
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>	
5c. Voluntary contributions for retirement plans	5c. \$ <b>289.55</b>	\$ <b>0.00</b>	
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>	
5e. Insurance	5e. \$ <b>160.51</b>	\$ <b>0.00</b>	
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>	
5g. Union dues	5g. \$ <b>106.19</b>	\$ <b>0.00</b>	
5h. Other deductions. Specify: <b>VGA</b>	5h.+ \$ <b>4.59</b>	+ \$ <b>0.00</b>	
<b>SPOUSE VGA</b>	<b>\$ 4.59</b>	<b>\$ 0.00</b>	
<b>Total Other Deductions</b>	<b>\$ 639.71</b>	<b>\$ 0.00</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	<b>6. \$ 1,693.12</b>	<b>\$ 0.00</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>7. \$ 3,132.48</b>	<b>\$ 0.00</b>	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>	
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>	
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>	
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>0.00</b>	
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>	
8h. Other monthly income. Specify:	8h.+ \$ <b>0.00</b>	+ \$ <b>0.00</b>	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	<b>9. \$ 0.00</b>	<b>\$ 0.00</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	<b>10. \$ 3,132.48</b>	<b>+ \$ 0.00</b>	<b>= \$ 3,132.48</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ <b>0.00</b>		
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <b>3,132.48</b>		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: <span style="border: 1px solid black; padding: 2px;"> </span>			
<b>Combined monthly income</b>			

Fill in this information to identify your case:

Debtor 1	<b>Dorian Ishae Hatchett</b>
Debtor 2 (Spouse, if filing)	<b>Shalaunda Marie Hatchett</b>
United States Bankruptcy Court for the: <b>SOUTHERN DISTRICT OF TEXAS</b>	
Case number (If known)	<b>19-32867</b>

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes.

Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

Daughter

18

- No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses		
4.	\$	<b>1,450.00</b>
4a.	\$	<b>0.00</b>
4b.	\$	<b>0.00</b>
4c.	\$	<b>120.00</b>
4d.	\$	<b>0.00</b>
5.	\$	<b>0.00</b>

##### If not included in line 4:

- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1 **Dorian Ishae Hatchett**  
 Debtor 2 **Shalaunda Marie Hatchett**

Case number (if known) **19-32867**

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <u>200.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>60.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>421.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>500.00</u>	
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>100.00</u>	
10. <b>Personal care products and services</b>	10. \$ <u>100.00</u>	
11. <b>Medical and dental expenses</b>	11. \$ <u>0.00</u>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>250.00</u>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>0.00</u>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>500.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. <b>Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$ <u>423.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>476.00</u>	
17c. Other. Specify: <b>Motorcycle</b>	17c. \$ <u>575.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <u>0.00</u>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. <b>Other:</b> Specify: _____	21. +\$ <u>0.00</u>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <u>5,175.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>5,175.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>3,132.48</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>5,175.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>-2,042.52</u>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

**Fill in this information to identify your case:**

Debtor 1	<b>Dorian Ishae Hatchett</b>	
	First Name	Middle Name
Debtor 2	<b>Shalaunda Marie Hatchett</b>	
(Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF TEXAS	
Case number (if known)	<b>19-32867</b>	

Check if this is an amended filing

**Official Form 106Dec****Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.


**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Dorian Ishae Hatchett

**Dorian Ishae Hatchett**

Signature of Debtor 1

Date June 5, 2019

X /s/ Shalaunda Marie Hatchett

**Shalaunda Marie Hatchett**

Signature of Debtor 2

Date June 5, 2019